| | | (Column 1) | | | 10 687,094 |
|--|--|-----------------------|---|-------------------------------|--|
| G. | 6ASIC FEE (37 CFR 1.16(a)) | NUMBER FILED | (Column 2) NUMBER EXTRA | SMALL ENTITY | OR OTHER HAM |
| 14/07 | OTAL CLAIMS (32 CFR 1.16(c)) | 7 minus 20 = | | RATE FEE | SMALL ENTITY RATE FR |
| , 1 | | 2 | | x s 25= | OR |
| | MULTIPLE DEPENDENT CLA | UMPRESENT (37 CF | R 1.16(d) | x s 100= + s 180 | OR $\frac{1}{100}$ $\frac{1}{100}$ $\frac{1}{100}$ |
| | CLAIMS | AS AMENDED - PA |) in column 2. | FOTAL | OR + 2 100 |
| · - | (Colu | ma 11 | iolumn 2). (Column 3) | | TOTAL . |
| | E REMA | IMING HIS | SHEST IMBER VIOUSLY PRESENT EXTRA O FOR | SMALL ENTITY RATE ADDITIONAL | OR OTHER THAN |
| | \(\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | Minus | 2 | x s 25 = FEE | PATE ADD TIGHT FE |
| - | FIRST PRESENTATION OF L | ANTINE DEBENDENT COM | 4 (37 CFR 1.16(d)) | x s 100 = c | OR K 5 20Q |
| 17.8 | | S (Coll | uma 21 (Column 3) | AOO'L FEE OI | 1074 |
| AMENDMENT | Total AMENOME | l thuise | BER PRESENT | RATE ADDI- | RATE ADDI |
| AME | Moderated CT CERT LIGHT | Minus | | $x = \frac{25}{100}$ OR | TOMM FEE |
| 1 | FIRST PRESENTATION OF MUL | TIPLE DEPENDENT CLAIM | (37 CFR 1.16(d)) | + s 180 = OR | × 5 200= |
| 101 | (Column 1) CLAIMS REMAINING | (Column | (Column 7) | ADO'L FEE OR | TOTAL AOD'C EEE |
| OMENT | Total Total Total Total Total Total | I NUMBER | R. PRESENT | RATE ADDI. | PATE ADD |
| MEN | ndépendent 11 CFR 1,16(6) | Minus | | <u>525</u> | K S D = ADDI- |
| THEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d)) X S TOOL OR X S ZOOL | | | | | |
| "If the entry in column 1 is less than the entry in column 2, write 10 in column 2, write 10 in column 2. "If the entry in column 1 is less than the entry in column 2, write 10 in column 2. "TOTAL ADD'L FEE | | | | | |
| This collection of information is required by 37 CCCO. | | | | | |

If the Highest Number Previously Paid For IN THIS SPACE is less than J. enter '3'.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the induding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any competed. ADDRESS, SCHO TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS